



# APPLICATION FOR WELL CONSTRUCTION OPERATOR TRAINING LICENSE

## Resource Protection or Water Well

### INSTRUCTIONS:

1. A filing FEE must accompany this application
2. ALL SECTIONS MUST BE FILLED OUT COMPLETELY AND SIGNED IN ORDER FOR THIS FORM TO BE VALID.
3. You MUST submit proof of Continuing Education Units in the form of copies of certificates, cpr/first aid cards, etc.
4. Please attach your proof to this application, enclose the appropriate filing fee and mail to: Washington State Department of Ecology, Cashiering Section, PO Box 5128, Lacey, WA 98509-5128.

### TYPE OF TRAINING LICENSE

Please check the appropriate box: (NOTE: You may apply and qualify for only one type of training license at a time)

☐ Water Well - \$25.00

☐ Resource Protection Well - \$25.00

### STATEMENT OF WORK EXPERIENCE AND ASSUMPTION OF LIABILITY

NOTE: Applicant must have a minimum of six hundred (600) hours of drilling experience and six (6) Continuing Education Units to qualify for a training license. Please list the applicant's well drilling experience for which you provide direct, on-site supervision. If experience is gained under more than one licensed driller, a separate form from each licensed driller must be submitted.

Drilling Experience (please check appropriate boxes)	FROM-mth/yr	TO-mth/yr
<input type="checkbox"/> Driller		
<input type="checkbox"/> Helper		
<input type="checkbox"/> Other - Explain		

Drilling Company Name	Phone No:
Address:	
Licensed Driller Name:	License No.

I, \_\_\_\_\_ do swear that the above named applicant has completed \_\_\_\_\_ hours of drilling experience under my direct supervision. I take full responsibility for all well construction activities of the applicant during the time he/she was working under my direct supervision.

SIGNATURE \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

### STATEMENT OF SPONSOR

I, \_\_\_\_\_ agree to take full responsibility and assume total liability for any and all well construction activities of the applicant while working under my sponsorship as a trainee. I have read, understand, and agree to the terms of Chapter 173-162-060(1).

SIGNATURE \_\_\_\_\_

LICENSE NUMBER (if sponsor is DIFFERENT from above) \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant Name		SSN
Street Address		Phone No.
City	State/Zip	County
Signature		Date